

Polk County Early College Application

2024-2025 Application for Admission

Application and supplemental documents must be completed and returned to PCEC by May 3, 2024.

Student's Personal Data:

Student Name: _____

Powerschool#: _____ Date of Birth: ____/____/____

Social Security Number (Required by College): ____ - ____ - ____

Street Address: _____

City: _____ Zip: _____

Mailing Address (if different): _____

Home Phone: (____) _____ Cell Phone: (____) _____

How did you hear about Polk County Early College High School?

Student resides with:

Mother & Father Mother Only Mother & Stepfather

Father Only Father & Stepmother Guardian

Other (please specify) _____

Name(s) of the adults indicated above:

Mother/Female Guardian Name: _____

Mother Phone #: _____ Mother Email: _____

Father/Male Guardian Name: _____

Father Phone #: _____ Father Email: _____

Education Data:

Current School: _____

What career do you plan to pursue?

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To be completed by the Parent/Guardian:

This page is to be completed by the Parent/Guardian. All information given on this page is confidential and is needed for Federal/State reports.

Ethnic/Race Data (mark all that apply):

American Indian/ Alaskan Native
 Asian
 Hispanic
 African- American/ Black
 Hawaiian/ Pacific Islander
 White

Education/Economic Data (Please check as appropriate for each Parent/Guardian):

Father's Education:

Did Not finish High School
 High School Graduate
 Community, Technical, or Junior College Graduate
 Four-year College Graduate
 Trade or Business School Graduate
 Graduate School Degree or Beyond

Mother's Education:

Did Not finish High School
 High School Graduate
 Community, Technical, or Junior College Graduate
 Four-year College Graduate
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Family Income Level (Yearly Income): Less than \$15,000 \$45,001- \$60,000 \$15,001- \$30,000 \$60,001- \$75,000 \$30,001- \$45,000 Greater than \$75,001 I choose not to disclose income information.

Parent/Guardian Signature: _____ **Date:** _____

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Agreements and Assurance:

In signing below, applying students and their parent(s)/legal guardian(s) indicate that they understand the commitment of effort and time required of students accepted by Polk County Early College High School. If accepted the applicant agrees to abide by the rules and expectations set by Isothermal Community College and the administrators and staff of Polk County Schools.

If at the end of the first year of high school I am unable or unwilling to continue studies at Isothermal Community College through the Early College Program, I will be reassigned to the high school in my attendance zone.

I understand that Polk County Early College High School students must adhere to the policies of Isothermal Community College and of Polk County Schools. By signing and submitting this application my parent(s)/legal guardian(s) and I understand that behavior or attendance problems will be sufficient cause to be withdrawn from Polk County Early College High School and the students will be assigned to an alternate setting.

I also agree to the following:

- I understand that my commitment to Polk County Early College High School is for at least one full academic year.
- I expect to complete a two-year degree program while at Polk County Early College High School.
- I believe I am able to complete college level course work.
- I will maintain high academic and behavior standards.
- I understand there are only limited student/advisor formed clubs.
- I understand that the Polk County Early College High School will operate on a modified Polk County Schools/ Isothermal Community College Calendar.
- I understand that the Polk County Early College High School is a four-year program in order to meet both high school and Associate Degree requirements.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

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THREE REFERENCES REQUIRED. One reference should be from your school counselor, one from a teacher at your current school, and one should be from someone who can speak to your character traits within the community (not a relative).

Reference #1: Counselor Name: _____

Address: _____

Phone: _____

Reference #2: Teacher Name: _____

Address: _____

Phone: _____

Reference #3: Community Representative Name: _____

Address: _____

Phone: _____

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Application for Admission Request for Reference - Teacher

Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she waives such access.

To be completed by Applicant:

1. Name of Applicant _____
2. Middle School _____
3. (Optional) I hereby waive my right of access to the material recorded below.

Signature of Applicant: _____ Date: _____

To be completed by Respondent:

	Superior	Above Average	Average	Below Average	No Information
Intellectual Ability					
Writing Ability					
Speaking Ability					
Problem-solving Ability					
Responsibility					
Leadership Ability					
Behavior					
Interpersonal Skills					
Respect					
Motivation					
Perseverance					

I have known the applicant for approximately _____ years.

In the capacity of _____

In summary:

Highly Recommend

Recommend with reservations

Do not recommend

Respondent's signature: _____ Title _____

Date _____

Name Printed or typed: _____

To the Respondent: May we have your judgment of this candidate's qualifications, and promise of the candidate's intellectual ability, motivation, respect, responsibility and capacity for rigor. (Please use the space below or the back of this sheet if more space is needed.) Please return this form to the **Applicant in a sealed envelope.**

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